## Syringe Exchange Programs: research shows they do not increase crime rates

Syringe exchange programs (SEPs) are a vital public health intervention to prevent the spread of HIV, hepatitis and other blood-borne illness by supplying sterile syringes and injection equipment.¹ Some residents and community stakeholders are concerned about a SEP operating in their neighborhood and fear increases in crime. There is no evidence to show that SEPs increase crime rates in a community. In fact, many empirically based studies show a reduction in crime and unsafe behaviors among injection drug users (IDUs) who participate in SEPs. Yet, many people continue to voice misconceptions about IDUs and the role of syringe exchange programs in their community. Residents express concerns that SEPs implicitly condone or promote drug use, encouraging more IDUs to come into the neighborhood, and lead to increases in crime.

Research shows that SEPs benefit the health and safety of a community. Most SEPs offer comprehensive social services including mental health treatment, case management, group counseling, food programs, and referrals to medical and addiction treatment.<sup>2</sup>

- There is no evidence to show that SEPs encourage drug use or cause an IDU to increase their drug use.
- In general, IDUs are not likely to travel long distances to a SEP. A New York City study found that IDUs were much more likely to use an exchange if they lived within walking distance and could easily access services. Most syringe exchange participants already live in the neighborhood.
- Studies in Baltimore have shown that a relatively small percentage of SEP users (approximately 8%) form new social contacts through participating in a SEP.4
- In comparing crime rates of areas close to SEPs and areas further away from SEPs, the research demonstrates that there are no significant differences in arrest rates over time between both areas.
   In Baltimore, break-ins and burglaries (economically-motivated crimes often related to drug use) actually fell by 11% in areas with SEPs, but increased by 8% in non-SEP exchange areas.



Based on the favorable research that shows no increases in crime rates and the positive community benefits of SEPs, key government officials, health departments, medical associations and community organizations publicly endorse and support SEPs.

"I want to call to the attention of my colleagues some of the organizations that support the needle [syringe] exchange programs. The American Medical Association, the American Public Health Association, the National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, the American Bar Association. Why would the U.S. Conference of Mayors support the needle exchange program if they thought it would increase crime, as our colleagues have contended?"

## Nancy Pelosi (D-CA) On the floor of the United States House of Representatives

1. Centers for Disease Control and Prevention. 2005. Syringe Exchange Programs (December 2005). Retrieved from http://www.cdc.gov/idu/facts/aed\_idu\_syr.pdf, on 2/11/06; Centers for Disease Control and Prevention. 2005. Access to Sterile Syringes (December 2005). Retrieved from http://www.cdc.gov/idu/facts/aed\_idu\_acc.pdf, on 2/11/06 2. Heimer R, Khoshnood K, Bigg D, Guydish J, Junge B. 1998. Syringe use and reuse: Effects of syringe exchange programs in four cities. Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology 18 (Supplement 1): S37-S44; Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. 2000. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. Journal of Substance Abuse Treatment 19(3): 247-252. 3. Rockwell R, Des Jarlais DC, Friedman SR, Perlis TE, Paone D. 1999. Geographic proximity, policy, and utilization of syringe exchange programs. AIDS Care 11(4): 437-442. 4. Junge B, Valente T, Latkin C, Riley E, Vlahov D. 2000. Syringe exchange not associated with social network formation: Results from Baltimore. AIDS 14(4): 423-426. 5. Marx MA, Crape B, Brookmeyer RS, Junge B, Latkin C, Vlahov D, Strathdee SA. 2000. Trends in crime and the introduction of a needle exchange program. American Journal of Public Health 90(12): 1933-1936. 6. Center of Innovative Public Policies, Inc. April 2001. "Needle Exchange Programs: Is Baltimore a Bust?" 7. Congresswoman Nancy Pelosi "On Legislation Prohibiting Federal Funds For Needle Exchange, April 29, 1998. Retrieved from: http://www.house.gov/pelosi/fineedle.htm.

